

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000074160

Entity Name

HOMECARE AND MEDS, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90088 044 ***150.00

Principal Place of Business

Mailing Address

S.W. 24TH STREET, SUITE B-102
FL 33165

9734 S.W. 24TH STREET, SUITE B-102
MIAMI FL 33165-7598

843017

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0779699

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PUJOLS, JOSE R
2701 S.W. LEJEUNE ROAD
SUITE 407
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
<p>PD RIGUEIRO, AIDA M 9734 S.W. 24TH STREET, SUITE B-102 MIAMI FL 33165 <input type="checkbox"/> Delete</p>	<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP</p>
<p>VD RIGUIERO, FRANK 9734 S.W. 24TH STREET, SUITE B-102 MIAMI FL 33165 <input type="checkbox"/> Delete</p>	<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP</p>
<p>TD MENDEZ, AIDA 9734 S.W. 24TH STREET, SUITE B-102 MIAMI FL 33165 <input type="checkbox"/> Delete</p>	<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP</p>
<p>SD MENDEZ, ORLANDO 9734 S.W. 24TH STREET, SUITE B-102 MIAMI FL 33165 <input type="checkbox"/> Delete</p>	<p>TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP</p>
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

Frank Rigueiro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

305-225-4432

Daytime Phone #

CR2E034 (9/99)